

Potential Contaminant Sources:

Entry Date / /

PWS ID #. _____ SOURCE ID #: _____ (PWS-01, 02, 03 etc.)
Water Resources App. #: _____ Water Resources Cert. #: _____

Facility Description: _____

Facility Address: _____

Contaminant Code: _____ (see list)

Risk Ranking: _____ Revised Risk Ranking: _____

Contaminant Location:

Latitude Deg.: _____ Longitude Deg.: _____ Township: _____

Latitude Min.: _____ Longitude Min.: _____ Range: _____

Latitude Sec.: _____ Longitude Sec.: _____ Section: _____

UTM: _____ ¼ Section: _____

Name of facility: _____

Chemical(s) used at facility, if known: _____

If unknown, suspected chemical sources: SOC ___ VOC ___ IOC ___ Microbiological ___ Radionuclides _____

Does facility have approved management plan? _____ NDEP Permit #: _____

Have spills/contaminations occurred? ___ (Y/N/U)

Sources referenced, list: _____

Proximity of spill to water source (well/spring): _____ ft.

Is the spill up gradient? ___ Is the spill down gradient? _____

Remedial action taken: _____

Status of contaminant: _____

Approximate septic systems: _____

Approximate septic distance: _____

Approximate water wells: _____

Approximate well distance: _____

Approved method in place to control contamination? _____ (Y/N/U) If yes, explain: _____

Contaminant is mobile? _____ (Y/N/U) If contaminant(s) mobility is known, explain: _____

Contaminant(s) is persistent in the environment (half-life). If persistence is known, explain: _____